

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 875)

SERIAL NO. **10/5 003** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		3		3			60						
11	1		1	3			61						
12							62						
13							63						
14							64						
15	2		2				65						
16	2		2				66						
17	2		2				67						
18	2		2				68						
19	2		2				69						
20	2		2				70						
21							71						
22	1		1				72						
23							73						
24	2		2				74						
25	2		2				75						
26	2		2				76						
27	1		1				77						
28							78						
29							79						
30	2		2				80						
31	2		2				81						
32	2		2				82						
33	2		2				83						
34	2		2				84						
35	2		2				85						
36	2		2				86						
37	2		2				87						
38	2		2				88						
39	2		2				89						
40	2		2				90						
41	1		1				91						
42							92						
43							93						
44	3		3				94						
45	2		2				95						
46	2		2				96						
47	2		2				97						
48	2		2				98						
49	2		2				99						
50	2		2				100						
TOTAL IND.			7				TOTAL IND.	7					
TOTAL DEP.			70				TOTAL DEP.	70					
TOTAL CLAIMS			77				TOTAL CLAIMS	77					